


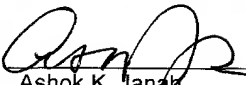
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Grimbergen et al.	Group Art Unit: 1763
Application No: 09/595,778 Confirmation No: 6490	Examiner: Allan W. Olsen
Filed: June 16, 2000	Attorney Docket No: 002077 USA D01/ETCH/SILICON/MDD
Title: APPARATUS AND METHOD FOR MONITORING PROCESSING OF A SUBSTRATE	September 16, 2008 San Francisco, California 94107

Commissioner for Patents VIA ELECTRONIC FILING	Extension of Time	
	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
Papers Enclosed	Extension (Months)	Extension Fee
		Large Entity Small Entity
<input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment	<input type="checkbox"/> One Month	\$120.00 \$60.00
<input type="checkbox"/> Declaration	<input type="checkbox"/> Two Months	\$460.00 \$230.00
<input type="checkbox"/> Drawings	<input type="checkbox"/> Three Months	\$1,050.00 \$525.00
<input type="checkbox"/> Supplemental Information Disclosure Statement	Total \$ 0.00	
<input type="checkbox"/> PTO-1449 Form	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	
<input type="checkbox"/> Citations		
<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Postcard for Return		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	25	89	0	\$50.00	\$25.00	\$0.00
Independent Claims	2	12	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Extension Fees	\$0.00	
Fees for Extra Claims	\$0.00	
Total	\$0.00	

<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107
CERTIFICATE OF TRANSMISSION I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 273-8300, or filed electronically via EFS on the date shown below.		Respectfully Submitted,
By:  Leslie Mills	Date: September 16, 2008	By:  Ashok K. Janah Registration No. 37,487
		Date: September 16, 2008